Application for Health Professions Loans 2021-2022 UArizona College of Medicine

Typ	oe or write in BL A	ACK ink. DO NOT use p	encil.				
LAST NAME: FIRST: ADDRESS:		F	•		9	STUDENT ID #:	
					ZIP:		
PI	HONE:			E-MAIL:			
 □1	st Year Medical	☐ 2 nd Year Medical	☐ 3 rd Year Medical	☐ 4 th Year Medical	☐ MD-MPH	☐ MD-Ph.D.	☐ MD- Pathology Year
	•	e information below ar		-		ial Aid Office.	Please <u>note</u>
		aged Students- LDS (Ro					
		m provides loans to eli defined by the U.S. De				ndividual from	n a disadvantaged
		omes from an environn graduate from a healt			obtaining the	knowledge, s	kill and ability to enrol
	publis	omes from a family wi hed by the U.S. Bureau cretary of Health and	ı of the Census adjus	ted annually for chang	es in the Con	sumer Price In	
		eded to provide report ents to receive funds)		at we can retain eligibi	lity as an inst	itution (these	are not
1.		o serve in a medically sa.gov/tools/shortage		nity? (You can confirm	on the HRSA	's MUA Find to	ool:
	Yes			No or Ur	nsure		
2.	•	intend to serve in a rural area? (You can confirm on the HRSA's HPSA Find tool: /data.hrsa.gov/tools/shortage-area/hpsa-find					
	Yes			No or Ur	nsure		
3.	Do you intend t	o practice in primary o	care?				
	Yes			No or Ur	nsure		
4.	Are you from a rural background? (You can confirm on the HRSA's Rural Health Grants Eligibility Analyzer: https://data.hrsa.gov/tools/rural-health?tab=Address						
	Yes-	Please note state or te	rritory/county:	No or Ur	nsure		
5.		om an underrepresent or other Pacific Islande			American, Ar	nerican Indiar	or Alaska native,
	Yes- describes you:	Please indicate which	minority group best	No or Ur	nsure		

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Required Income Information: (regardless of age or marital status)

Please provide parental information on your 2021-2022 FAFSA; you can submit a FAFSA correction to add this data. This will include parent(s) demographic data, household information, parental income, and assets. If your parent(s) filed a 2019 income tax return, they should submit (or update) their income information on the FAFSA by using their 2019 tax year financial information. If possible, please do so by using the IRS Data Retrieval Tool (DRT) on the FAFSA. Please see the "tax documents needed" section below for further guidance on what you may need to submit to us. If both parents are deceased, please provide a copy of their Death Certificate(s). If you were a ward of the state, foster child, or emancipated minor, you may provide documentation to forego parental income requirements.

FAFSA Requirement Needed:

I have signed and submitted a 2021-2022 FAFSA to include the parent financial section.

Tax Documents Needed:

Student requirement: Select One-

I have used the IRS Data Retrieval Tool on my 2021-2022 FAFSA without changing the information (preferred option)

I am submitting my (and your spouse if applicable) 2019 signed tax forms

I (and spouse if applicable) did not and was not required to file taxes in 2019, so I will complete and submit the Student Certification of Non-Filer form.

Parent requirement: Select One-

My parent(s) used the IRS Data Retrieval Tool on my 2021-2022 FAFSA without changing the information (preferred option)

I am submitting my parent(s') 2019 signed tax forms

My parent(s) did not and was not required to file taxes in 2019, so I am submitting the Parental Certification of Non-Filer form

CRITERIA FOR DISADVANTAGED BACKGROUND STATUS - Please select all that apply.

Student comes from a family with an annual income below a level based on low-income thresholds established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index (Economically Disadvantaged).

OR

Student comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged). The following are provided as examples of "Environmentally Disadvantaged" for guidance only and are not intended to be all-inclusive.

Please select if one of the following applies and also provide a statement in the box below and any documentation you may have of the following:

Person from high school with low average SAT/ACT scores or below the average State test results.

Person from a school district where 50 percent or less of graduates go to college.

Person who has a diagnosed physical or mental impairment that substantially limits participation in educational experiences.

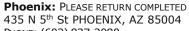
Person for whom English is not his or her primary language and for whom language is still a barrier to academic performance.

Person who is first generation to attend college.

Person from a high school where at least 30 percent of enrolled students are eligible for free or reduced price lunches.

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In the area below write a brief statement applicable documentation if appropriate.	about why your background qualifies you for the LDS. Please attach
аррисавте поситентатіон ії арргорітате.	Attach a second page, if needed.
Supplemental Questions (Required):	
	nent program funded in whole or in part by the Heath Careers Opportunity Program (NWD) Program, formerly the Nursing Educational Opportunities Program (NEOP)?
No	
Yes -	
HCOP: Year:	
COE: Year:	
Did you attend Medstart at the University of A	rizona?
No	
Yes - Year:	<u> </u>
Did you attend the Minority Medical Education	Program (MMEP) in 2001 or later?
No	
Yes - Year:	_
CERTIFICATION:	
	ed on this form is true to the best of my knowledge.
	a silian solution and to the pest of my Mioricage.
Student signature:	Date:
	bacc.



PHONE: (602) 827-2080 COMPHX-Financialaid@email.arizona.edu



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